Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |   |   |                    |              |   |                     |         | SMALL ENTITY TYPE ( |                        |         | OTHER THAN SMALL ENTITY |                        |
|--|---|---|--------------------|--------------|---|---------------------|---------|---------------------|------------------------|---------|-------------------------|------------------------|
| TOTAL CLAIMS   |   |   | 2 <b>8</b>         |              |   |                     | ſ       | RATE                | FEE                    | ]       | RATE                    | FEE                    |
| FO   | <br>R   |   | NUMBER FILED       |              | NUMB  | ER EXTRA            | ŀ       | BASIC FEE           | 355.00                 | OR      | BASIC FEE               | 710.00                 |
|  | TAL CHARGEA   | BLE CLAIMS                                | ⊋ €minus 20=       |              | . 8   |                     |         | X\$ 9=              | 72                     | OR      | X\$18=                  |                        |
| IND  | EPENDENT CL   | AIMS                                      | 6 minus 3 =        |              | 3   |                     |         | X40=                | 120                    | OR      | X80=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |   |   |                    |              |   |                     | Ì       | +135=               | `                      | OR      | +270=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |   |   |                    |              |   |                     | •       | TOTAL               | 547                    | OR      | TOTAL                   |                        |
| CLAIMS AS AMENDED - PART II  |   |   |                    |              |   |                     |         | ·                   |                        | -       | OTHER                   |                        |
|  |   | (Column 3)                                |                    | SMALL        |   | OR                  | SMALL   |                     |                        |         |                         |                        |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR                  | PRESENT<br>EXTRA    |         | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus              | **           |   | =                   |         | X\$ 9=              |                        | OR      | X\$18=                  |                        |
|  | Independent   | *   | Minus              | ***          |   | =                   |         | X40=                |                        | OR      | X80=                    |                        |
| Ĺ  | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEF        | PENDEN       | T CLAIM                                       |                     |         | +135=               | -                      | OR      | +270=                   | · ·                    |
|  |   |   |                    |              |   |                     |         | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE     |                        |
|  |   | (Column 1)                                |                    | (Colu        | ımn 2)  | (Column 3)          |         |                     |                        |         |                         |                        |
| AMENDMENT B  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUA<br>PREVI | HEST<br>MBER<br>IOUSLY<br>FOR                 | PRESENT<br>EXTRA    |         | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus              | **           |   | =                   |         | X\$ 9=              |                        | OR      | X\$18=                  |                        |
|  | Independent   | •   | Minus              | ***          |   | =                   | ]       | X40=                |                        | OR      | X80=                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |              |   |                     |         |                     |                        |         | .,                      |                        |
| <u>_</u>   |   |   |                    |              |   |                     |         |                     |                        | OR      | +270=                   |                        |
|  |   | A   | TOTAL<br>DDIT. FEE |              | OR  | TOTAL<br>ADDIT. FEE |         |                     |                        |         |                         |                        |
|  |   | (Column 1)                                |                    |              | mn 2)   | (Column 3)          | -       |                     |                        |         |                         |                        |
| AMENDMENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                    | NUM<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR                  | PRESENT<br>EXTRA    |         | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                    | ADDI-<br>TIONAL<br>FEE |
|  | Total   | *   | Minus              | **           | -   | =                   |         | X\$ 9=              |                        | OR      | X\$18=                  |                        |
|  | Independent   | •   | Minus              | ***          | . <u>.                                   </u> | =                   |         | X40=                |                        | OR      | X80=                    |                        |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                    |              |   |                     |         | +135=               |                        |         |                         |                        |
| • 1  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |                    |              |   |                     |         |                     |                        | OR      | +270=                   |                        |
| **   | f the "Highest Nu   | mber Previously Pa                        | aid For" IN THIS   | SSPACE       | is less tha                                   | n 20, enter "20.'   | " A     | TOTAL<br>DDIT. FEE  |                        | OR      | TOTAL<br>ADDIT. FEE     |                        |
|  |   | mber Previously P<br>nber Previously Pa   |                    |              |   |                     | er four | nd in the app       | oropriate box          | k in co | lumn 1.                 |                        |